



FLATHEAD COUNTY LAKE AND LAKESHORE APPLICATION FOR A VARIANCE

-must be submitted in conjunction with a lakeshore permit-

Lakeshore Construction Permit Application # _____

OWNER/APPLICANT

Owner: _____	Applicant: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Note: If applicant is not owner, the attached authorization form must be filled out and signed.

CONTRACTOR (or person responsible for doing the work, if other than above)

Name: _____	Address: _____
City/State/Zip: _____	Phone: _____
Email: _____	

LOCATION OF THE PROJECT

Lot: _____ Section: _____ Township: _____ Range: _____

Street Address: _____

Lake: _____ How many feet of Lakeshore frontage do you own? _____

I/We are requesting a variance from the Flathead County Lake and Lakeshore Regulations as described in Section 5.1 of the stated regulations. Below is a summary of the project and findings as to the need and appropriateness of the variance.

REASON FOR VARIANCE:

SECTION OF REGULATIONS VARIANCE REQUEST APPLIES TO:

FINDINGS OF APPROPRIATENESS AND NEED:

What unusual circumstances exist such that a strict enforcement of these requirements and standards would result in an undue hardship to you?

Are there any reasonable alternatives to this project which would allow you to conform to the above regulations? (Please list)

Granting of the variance shall not have adverse impacts on the lake or lakeshore in terms of the "policy Criteria for issuance of a Permit" below during either construction or utilization:

1) **Will granting of the variance materially diminish water quality?**

2) **Will granting of the variance materially diminish habitat for fish or wildlife?**

3) **Will granting of the variance interfere with navigation or other lawful recreation?**

4) **Will granting of the variance create a public nuisance?**

5) **Will granting of the variance create a visual impact discordant with natural scenic values, as determined by the governing body, where such values form the predominant landscape elements?**

6) **Will granting of the variance alter the characteristic of the shoreline?**

Applicant signature: _____ Date: _____



40 11th Street West, Ste. 220

Kalispell, MT, 59901

OFFICE: (406) 751-8200

FAX: (406) 751-8210

EMAIL: planning.zoning@flathead.mt.gov

WEB: flathead.mt.gov/planning_zoning

CUSTOMER SERVICE SURVEY

Our mission is to provide you with the best possible service. Please help us serve you and others better by taking a few minutes to answer the questions below. Our office genuinely appreciates your time and your feedback.

What was the nature of your contact with us? (Please check all that apply)

- ☐ General Information
- ☐ Permitting (Lakeshore, Floodplain, Zoning, Subdivision)
- ☐ Pre-application Conference
- ☐ Other _____

Please Check as Appropriate:					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment
Staff was courteous and helpful					
Staff provided accurate information to me					
Staff response was considerate of my time					
My overall experience was positive					
Please complete the section below if your contact with us involved permitting:					
The permitting process was understandable					
The regulations were understandable					
Application instructions were understandable					
Terms and conditions of the permit were understandable					

We provide opportunities for staff to be recognized for exemplary customer service. Please indicate the names of any staff person(s) you would like to commend:

If you feel we fell short in meeting your service expectations, please describe the situation including the name of the staff person involved (if applicable) and the date the incident occurred:

As a result of your experience with us, what service-related improvement(s) can you recommend?

Contact Information (Optional)

Your name:_____

Email:_____ Daytime phone:_____

Mailing address:_____

Date submitted:_____

Please hand deliver, email, fax or mail form to:

Flathead County Planning and Zoning
40 11th Street West, Suite 220
Kalispell, MT 59901
Email: Planning.Zoning@flathead.mt.gov
Phone: (406) 751-8200
Fax: (406) 751-8210